

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#3

Applicants: John P. Atkinson, Dennis Hourcade, and Malgorzata Krych

PTO Facsimile Number: (703) 308-6778

Serial No.: 09/453,935

Date of Transmission: November 20, 2001

Art Unit: 1632

Filed: December 2, 1999

Batch No.: K95

Examiner: Crouch, D.

For: CELLS EXPRESSING A MODIFIED REGULATOR OF COMPLEMENT
ACTIVATIONBox Issue Fee
Commissioner of Patents and Trademarks
Washington, D.C. 20231

Technology Center 2100

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TRANSMITTAL OF ISSUE FEE AND
REQUEST FOR COPY OF OFFICIAL FILING RECEIPT

Sir:

Transmitted herewith are the (1) Issue Fee Transmittal Form PTOL-85B (in duplicate); and (2) Fee Transmittal (in duplicate). The Commissioner is hereby authorized to charge Deposit Order Account No. 50-1868 in the amount of \$1,340.00 to cover the (a) \$1,280.00 issue fee for a large entity, and (b) \$60.00 fee for twenty (20) copies of the patent.

This application is not entitled to claim small entity status pursuant to 37 C.F.R. § 1.27.

Request for Copy of Official Filing Receipt

Applicants note that no official Filing Receipt was ever received in this application.

The first communication received from the U.S. Patent and Trademark Office after the

WU# CE0067-18/US
MPI# MPI1991-005DV3
WIJ 101 DIV (3) 078243/00018

U.S.S.N.: 09/453,935
Filed: December 2, 1999
TRANSMITTAL OF ISSUE FEE
PTO Facsimile No.: (703) 308-6778
Date of Transmission: November 20, 2001

application was filed on December 2, 1999, was the first Office Action, mailed July 18, 2000.

Applicants respectfully request a copy of the official Filing Receipt. Applicants amended the specification to include the priority data in the Preliminary Amendment filed with the application on December 2, 1999. The Examiner acknowledged the claim for domestic priority in the first Office Action, but applicants do not have the benefit of the official Filing Receipt to ensure that the priority claim is complete.

Respectfully submitted,



Patrea L. Pabst
Registration No. 31,284

Date: November 20, 2001

HOLLAND & KNIGHT LLP
Suite 2000, One Atlantic Center
1201 West Peachtree Street, N.E.
Atlanta, Georgia 30309-3400
(404) 817-8473 (Telephone)
(404) 817-8588 (Fax)

WU# CE0067-18/US
MPI# MPJ1991-005DV3
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U.S.S.N.: 09/453,935
Filed: December 2, 1999
TRANSMITTAL OF ISSUE FEE
PTO Facsimile No.: (703) 308-6778
Date of Transmission: November 20, 2001

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Pam Tumbough

Date: November 20, 2001

ATLJ #494131 v1

WU# CE0067-18/US
MPI# MPI1991-005DV3
WU 101 DIV (3) 078243/00018

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HM12/0820
 PATREA L. PABST
 HOLLAND & KNIGHT LLP
 1201 W. PEACHTREE ST
 ONE ATLANTIC CENTER STE 2000
 ATLANTA, GA 30309-3400

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Pam Turnbough

(Depositor's name)

Pam Turnbough

(Signature)

11/20/01

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/453,895	11/02/99	024	CROUCH, D	10/23/01
First Named Applicant	ATKINSON,	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION: **CELLS EXPANDING A MODIFIED REGULATOR OF COMPLEMENT ACTIVATION**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	WU-101-DIV(3	435-325.000	K95	UTILITY	NO	\$1240.00 11/23/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Holland & Knight LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Washington University

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

St. Louis, Missouri

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee

☒ Advance Order - # of Copies 20

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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Pam Turnbough

(Depositor's name)

Pam Turnbough

(Signature)

11/20/01

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED

First Named Applicant

TITLE OF INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. _____

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$), 1,340.00

Complete if Known

Application Number 09/453,935
 Filing Date December 2, 1999
 First Named Inventor John P. Atkinson
 Examiner Name Crouch, D.
 Group Art Unit 1632
 Attorney Docket No. WU 101 DIV (3)

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METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

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- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed;

- ☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code				Small Entity Fee Code				Fee Description	Fee Paid
106	130	205	65	Surcharge - late filing fee or oath					
127	60	227	25	Surcharge - late provisional filing fee or cover sheet					
138	130	130	130	Non-English specification					
147	2,620	147	2,920	For filing a request for <i>ex parte</i> reexamination					
112	920*	112	920*	Requesting publication of SIR prior to Examiner action					
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action					
116	110	215	55	Extension for reply within first month					
116	390	215	185	Extension for reply within second month					
117	690	217	445	Extension for reply within third month					
118	1,390	218	695	Extension for reply within fourth month					
128	1,890	228	945	Extension for reply within fifth month					
118	310	219	155	Notice of Appeal					
120	310	220	155	Filing a brief in support of an appeal					
121	270	221	135	Request for oral hearing					
138	1,510	138	1,510	Petition to institute a public use proceeding					
140	110	240	55	Petition to revive - unavoidable					
141	1,240	241	620	Petition to revive - unintentional					
142	1,240	242	620	Utility issue fee (for release)				1,280.00	
143	440	243	220	Design issue fee					
144	600	244	300	Plant issue fee					
122	130	122	130	Petitions to the Commissioner					
123	50	123	50	Petitions related to provisional applications					
126	240	126	240	Submission of Information Disclosure Stmt					
581	40	581	40	Recording each patent assignment per property (times number of properties)					
145	710	245	355	Filing a submission after final rejection (37 CFR § 1.129(a))					
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))					
179		279	355	Request for Continued Examination (RCE)					
169	900	169	900	Request for expedited examination of a design application					
Other fee (specify)				20 copies of patent @ \$3.00/copy				60.00	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from Below	Fee Paid
Independent Claims	-20 =	X	
Multiple Dependent	-3 =	X	

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$) Code (\$)

Fee Description

103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	- Release independent claims over original patent
110	18	210	9	- Release claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$), 1,340.00

SUBMITTED BY

Name (Print/Type)

Patrea L. Pabst

Registration No.

31,284

Complete (if applicable)

Telephone

404-817-8473

Signature

Date

11/20/2001

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FROM:
Patricia L. Pabst
NAME
404-817-8473
TELEPHONE
8
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MESSAGE:
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U.S.S.N. 09/453,935
Filed: December 2, 1999

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Date: November 20, 2001

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FAXED BY: FILE #: 078243/00018 CLIENT NAME: Washington University

CONFIRMED: ☐ YES ☐ NO NAME: TIME:

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